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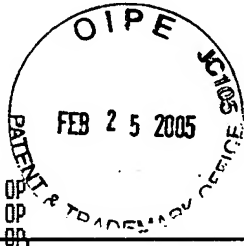
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25889 7590 12/02/2004

**WILLIAM COLLARD**  
**COLLARD & ROE, P.C.**  
**1077 NORTHERN BOULEVARD**  
**ROSLYN, NY 11576**

02/28/2005 BABRAHA2 00000116 10627263

01 FC:1501 1400.00 OP  
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<b>MARIA CHIARELLA</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
2/23/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/627,263	07/25/2003	Yoshihide Kuroki	KUROKI 1	7607

TITLE OF INVENTION: SHUTTERED CONNECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$300	\$1670 1700	03/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FIGUEROA, FELIX O	2833	439-138000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Collard & Roe, P.C.  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Japan Aviation Electronics Industry, Limited

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 03-2468 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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